

TELECOPIER COVER SHEET**December 10, 2004**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818/493-2251
Attention: Examiner G. Evanisko Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration Applic. No. 10/077,048 Filed: 02/14/2002 Docket No. A02P1016	Number of pages being sent: <u>17</u> (including cover page)

PLEASE DELIVER TO EXAMINER GEORGE EVANISKO, Art Unit 3762.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY

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DEC 10 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Euljoon Park et al.
Serial No.: 10/077,048
Filed: 02/14/2002
Docket No.: A02P1016
For: STIMULATION DEVICE FOR SLEEP APNEA PREVENTION,
 DETECTION AND TREATMENT

Examiner: G. Evanisko
Art Unit: 3762

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendments
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
☒ Power of Attorney by Assignee...
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	22	26	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	4	4	0	X 200	0
C	MULTIPLE- DEPENDENT			0	X \$360	
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**
<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of			\$0**		A copy of this letter is enclosed.	

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 12-10-04


Peter A. Nichols, Attorney for Applicants
Reg. No. 47,822

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

December 10, 2004


Estella Pineiro

12/10/04
Date